MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10024686

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1		51							
2						1	52							
3						1	53							
4						1	54							
5						1	55							
6						1	56							
7						1	57							
8						1	58							
9						1	59							
10						1	60							
11						1	61							
12						1	62							
13						1	63							
14						1	64							
15		1				1	65							
16		15					66							
17		15					67							
18		15(1)					68							
19		15(1)					69							
20		15(1)					70							
21		15(1)					71							
22		15					72							
23		15(1)					73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1	⬅	1	⬅	1	⬅	TOTAL IND.		⬅		⬅		⬅	
TOTAL DEP.	134		64		14		TOTAL DEP.							
TOTAL CLAIMS	135		65		15		TOTAL CLAIMS							

1
64
25

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS